

STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR INTERN REGISTRATION

An application fee of \$25.00 must be submitted with this application.

I hereby make application to register as a (check one) ☐ **Counselor Intern** or ☐ **Marriage & Family Therapist Intern** to obtain post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, and provide the following:

1. **Full Name (Mr., Mrs., or Ms.)** _____
2. **Mailing address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
4. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
5. **Have you ever been licensed, certified, or registered in another jurisdiction?** ☐ Yes ☐ No
(If Yes, we must receive official certification of such directly from each issuing authority before your application will be processed.)
6. **Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?** ☐ Yes ☐ No
("Sanction" includes any voluntary or involuntary action that limits, restricts, or attaches conditions to lawful professional practice.
If Yes, a copy of the charges and the final order must be received before your application will be processed.)
7. **Have you ever been convicted of any felony or offense involving moral character?** ☐ Yes ☐ No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)
8. **You must possess a graduate degree in counseling, marriage & family therapy, or a closely related field and be actively pursuing postgraduate supervised experience.**
(Please provide certified transcripts documenting the degree and the emphasis of the course work.)

Only a Registered Intern may use the title Counselor Intern or Marriage and Family Therapist Intern. An individual shall not practice as an intern for more than four (4) years from the original date of registration.

AFFIDAVIT

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief and that all documentation attached is true and accurate. I further certify that I will only practice under the direct supervision as required by Idaho Laws and Rules and that I will present myself to the public and clients as a Counselor Intern or Marriage and Family Therapist Intern. I understand that my practice as an intern shall not extend beyond four (4) years from my original date of registration. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the adopted Code of Ethics, governing the practice of Counseling and Marriage & Family Therapy.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

I hereby waive access to any and all third party professional references, evaluations, or reports that may be submitted concerning my application or licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature
my commission expires _____

STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

APPLICATION FOR INTERN REGISTRATION

(continued)

PHOTOGRAPH: All applicants must attach an original passport photograph taken within the twelve months immediately preceding this application.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

SUPERVISOR REGISTRATION

Each supervisor must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 34, Idaho Code, for the Intern Applicant identified. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision. If you have not previously registered as a supervisor;

Supervisors for counselor interns must submit documentation of:

1. two (2) years experience as a licensed counselor in Idaho, and;
2. one thousand five hundred (1,500) hours of direct client contact as a counselor, and;
3. fifteen (15) contact hours of education in supervisor training as approved by the Board.

Supervisors for marriage and family therapist interns must document licensure as a marriage and family therapist, clinical professional counselor, psychologist, clinical social worker, or psychiatrist and submit documentation of:

1. five (5) years of experience providing marriage and family therapy, and;
2. two thousand (2,000) hours of direct client contact with couples or families as a marriage and family therapist, and;
3. fifteen (15) contact hours of education in supervisor training as approved by the Board.

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold a current and unrestricted license in counseling, marriage & family therapy, social work, psychology, or psychiatry and that I have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. I further certify that I have met the supervisor experience and education requirements outlined in Board law and rule, and that I have read and will comply with the Idaho Board's laws, rules, and adopted code of ethics governing the supervision of Counseling or Marriage & Family Therapy Interns, and that I will not register to provide supervision to more than three (3) counselor interns and six (6) marriage and family therapist interns at any one time. I agree to provide to the Idaho Board such documentation of my supervision of the applicant as may be requested.

Supervisor Name (please print)

License #

Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature
my commission expires _____